



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+  
NJ0981180490

INSTALLATION ADDRESS

ATLANTIC CITY ELECTRIC ADMIN. CENTER  
PO BOX 1500  
PLEASANTVILLE NJ 08232

1199 BLACK HORSE PIKE  
PLEASANTVILLE NJ 08232



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## Comments

### I. Name of Installation

## II. Installation Mailing Address

### III. Location of Installation

#### IV. Installation Contact

## V. Ownership

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

**VIII. Mode of Transportation** (transporters only — enter 'X' in the appropriate box(es))

### IX. First or Subsequent Notification

☐ A. First Notification      ☒ B. Subsequent Notification (complete item C)



## ID — For Official Use Only

C																		T/A	C
W																			1

**X. Description of Hazardous Wastes** *(continued from front)*

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☒ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☒ 4. Toxic  
(D000)

**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature



Name and Official Title (type or print)

Date Signed

1/8/86

PERMITS ADMINISTRATION  
BRANCH

1986 JAN 14 PM 1:42

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
NEW YORK, N.Y.



006971618 Atlantic Electric  
05058 4218 Employee Federal Credit Union

January 9, 1986

Permits Administration Branch  
U. S. EPA/Region II  
26 Federal Plaza, Room 432  
New York, NY 10278

RE: Atlantic City Electric Company  
EPA I.D. No. NJT350010716

Dear Sir:

At the time that the attached letter was sent to your office, we had been advised by USEPA Region II that EPA Form 8700-12 was not necessary for an address change. The Company was subsequently advised that the form was indeed necessary. Therefore, attached is the completed notification form as requested.

If there are any questions regarding this notification, please contact me at (609) 645-4534.

Yours truly,

Marilyn Booth  
Biologist

MB/clg  
Attachment  
cc: L. P. Coleman

Atlantic Electric  
P.O. Box 1500  
Pleasantville, N.J. 08232  
609-645-4100







ID — For Official Use Only

C

W

T/A C

1

490  
X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D002	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

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37	38	39	40	41	42
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)☐ 2. Corrosive  
(D002)☐ 3. Reactive  
(D003)☐ 4. Toxic  
(D000)

## XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Marilyn Booth

Name and Official Title (type or print)

BIOLOGIST

Date Signed

5/17





ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
NEW YORK, N.Y.

1989 MAY 18 AM 10:47

May 18, 1989

PERMITS ADMINISTRATION  
BRANCH

Mr. David Abrines  
U. S. EPA - Region II  
Permits Administration Branch  
Room 432  
26 Federal Plaza  
New York, NY 10278

RE: Atlantic City Electric Company  
Request for a Provisional EPA I.D. Number

Dear Mr. Abrines:

Attached are the completed forms requesting a provisional EPA I.D. number for manifesting a mixture of less than 1,500 gallons of ethylene glycol, sodium nitrate, and sodium hydroxide. This mixture will be generated on a one-time basis as the result of emergency maintenance/repair of the air conditioning units serving Atlantic City Electric Company's corporate computers.

Your assistance in obtaining a provisional EPA I.D. number is greatly appreciated.

Yours truly,

*Marilyn Booth*  
Marilyn Booth  
Biologist

MB/clg  
Attachment

Atlantic City Electric  
P.O. Box 1500  
Pleasantville, N.J. 08232  
609-645-4100



January 6, 1985

Permits Administration Branch  
U. S. E. P. A. / Region II  
26 Federal Plaza, Room 432  
New York, NY 10278

RE: Atlantic City Electric Company  
EPA I. D. No. NJT350010716

Dear Sir:

On October 23, 1980, Atlantic City Electric Company requested a transporter's hazardous waste number. The Company subsequently was assigned the EPA I.D. No. NJT350010716.

The Company has changed its address from 1600 Pacific Avenue, Atlantic City, New Jersey 08404 to its present address of P. O. Box 1500, Pleasantville, New Jersey 08232. As a result of this address change, the Company is requesting the USEPA to reissue an EPA I.D. number for the new address.

If there are any questions regarding this request, please contact me at (609) 645-4534.

Yours truly,

*Marilyn Booth*

Marilyn Booth  
Biologist

MB/clg  
cc: L. P. Coleman

Atlantic Electric  
P.O. Box 1500  
Pleasantville, N.J. 08232  
609-645-4100





# ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/05/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981180490

FACILITY NAME -> ATLANTIC ELECTRIC ADMIN CENTER

MAILING ADDRESS -> 6801 BLACK HORSE PIKE  
EGG HARBOR TOWNSHIP, NJ 08234-4130

INSTALLATION ADDRESS -> 6801 BLACK HORSE PIKE  
EGG HARBOR TOWNSHIP, NJ 08234-4130

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: DARCY, DAVID  
ENVIRON SPEC  
ATLANTIC ELECTRIC ADMIN CENTER  
6801 BLACK HORSE PIKE  
EGG HARBOR TOWNSHIP, NJ 08234-4130

missing  
4/9/86

NTD 981180490  
1/14/86

March 31, 1986

U. S. Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10007

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
NEW YORK, N.Y.  
1986 APR -7 PM 2:12  
FEDERAL BUREAU OF INVESTIGATION

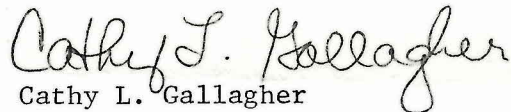
Gentlemen:

Please be advised that Atlantic Electric has relocated its headquarters. Future environmental correspondence should be addressed as follows:

Mr. Robert F. Daugherty, Manager  
Environmental Affairs Department  
Atlantic Electric Company  
P. O. Box 1500  
Pleasantville, NJ 08232

The street address is 1199 Black Horse Pike, Pleasantville, New Jersey. If you have any questions regarding this address change, please call me at (609) 645-4531.

Very truly yours,

  
Cathy L. Gallagher

/clg  
Attachment

Atlantic Electric  
P.O. Box 1500  
Pleasantville, N.J. 08232  
609-645-4100



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)U.S. EPA  
AGENCY RO II

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NJ0981180490

## II. Name of Installation (Include company and specific site name)

ATLANTIC ELECTRIC ADMIN. CENTER

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6801 BLACK HORSE PIKE

Street (Continued)

City or Town

EGG HARBOR TWP.

State

Zip Code

NJ 08234-4130

County Code

County Name

ATLANTIC

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

DARCY

DAVID

Job Title

Phone Number (Area Code and Number)

ENVIRON SPEC

609-625-5875

## VI. Installation Contact Address (See Instructions)

A. Contract Address  
Location Mailing Other☒☐☐

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

ATLANTIC ELECTRIC

Street, P.O. Box, of Route Number

6801 BLACK HORSE PIKE

City or Town

State

Zip Code

EGG HARBOR TWP

NJ 08234-4130

Phone Number (Area Code and Number)

609-645-4100

B. Land Type

P

C. Owner Type

O

D. Change of Owner  
Indicator

Yes

☐

No

(Date Changed)

Month

Day

Year



**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)**

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.	<input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications	<input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace	<input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace	<input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace
<b>Mode of Transportation</b> <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify	<input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption <b>Indicate Type of Combustion Device(s)</b> <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility	<input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility
	<input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine	<input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

[illegible]

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

**C. Other Wastes.** (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

### X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>David F. Darcy</i>	Name and Official Title (Type or print) DAVID DARCY Environmental Specialist	Date Signed
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## XI. Comments

Changes due to Corporate Name change & 911 required address change  
Physical Location has not changed.

**Note:** Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





Via Certified Mail Z 124 746 870

July 18, 1996

Mr. Jack Hoyt  
U. S. EPA Region II  
290 Broadway, 22nd Floor WMD  
New York, NY 10007-1866

RE: EPA Notification of Regulated Waste Activity

Dear Mr. Hoyt:

Atlantic Electric is submitting the Subsequent Notification (*enclosure*) for its sites. The purpose of this notification is to update the information associated with the various EPA I.D. numbers. This information has changed due to a corporate name change and the implementation of 911 service which affected the installation mailing addresses and location of installations. Please note that the actual "physical" locations have not changed.

If you have any questions or need further information, please call me at (609) 625-5875.

Sincerely,

David F. Darcy  
Environmental Specialist  
Environmental Planning

DFD/clg  
Enclosure

*Original letter has the  
original signature as per Jack Hoyt.  
Dove Abina*